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APPLICANTS

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** CONTINUING DATA ***** *Pat No*

** FOREIGN APPLICATIONS ***** *Pat No*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY NY	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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Verified and Acknowledged
 Examiner's Signature *[Signature]* Initials

ADDRESS
 27182
 PRAXAIR, INC.
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 39 OLD RIDGEBURY ROAD
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 06810-5113

TITLE
 Flow distributor for PSA vessel

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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